{{!orglarge }}

Regional Health and Social Care Information Sharing Agreement

Data Flow – KA000033 – Mental Health Integrated Community Service (MHICS) for Frimley ICS (East Berkshire):

Schedule K – Processing and Sharing Specification (signature required)

Contents

Schedule K – KA000033 – MHICS for Frimley ICS (East Berkshire)

Sharing Requirement Identifier:	KA000033
Sharing Requirement Name:	Mental Health Integrated Community Service (MHICS) for Frimley ICS (East Berkshire)
Sharing Requirement Start Date:	01 November 2022
Sharing Requirement End Date:	31 March 2024
Sharing Organisation:	{{!org_es_:font(name=calibri,size=10) }}
Direct Care or Other Uses:	Direct care
Risk Sharing and Indemnity:	Out of scope
Sharing Data Controllership:	Joint control with Berkshire Healthcare NHS Foundation Trust (BHFT) as the lead
Data Processor(s):	GP Clinical systems suppliers, NHS Digital, Voluntary Sector and Social Enterprise providers
Status:	Final
Version:	v1

Summary of the Processing and Sharing Requirement Purpose

The Community Mental Health Transformation Programme (CMHTP) and the Frimley Mental Health Integrated Community Service (MHICS) are designed to deliver support closer to communities by providing services focussed on Primary Care Network (PCN) populations, building on community assets and involving voluntary sector, housing & social care partners.

The model will improve access to NICE-recommended interventions where required with increased and easy access in and out of highly specialised psychological therapies for people with Serious Mental Illness (SMI) and those with complex mental health difficulties associated with traits of or a diagnosis of personality disorder.

The patient groups within the scope of the joint processing and sharing arrangements are:

1. Service users in primary care with unmet needs:
    a. Not meeting secondary care Community and Mental Health Teams (CMHT) and Improving Access to Psychological Therapies (IAPT) criteria, or where patients are not appropriate for IAPT
    b. Difficulty accessing the right services
    c. Utilise services in potentially chaotic patterns; physical health concerns, medication dependence, substance misuse, co-morbid physical long-term conditions contributing to poor mental health
    d. 'Held' by GPs as frequent attenders, absorbing excessive non-medical short-term prop-up interventions;
2. People in secondary care mental health services that can alternatively receive recovery focused services in primary care:
    a. Seamless step-up and step-down as required
    b. With potential shared care arrangements for medication. These typically comprise stable psychotic and mood disorders, and emotionally unstable personality disorder; and
3. Physical health of SMI patients in primary care:
    a. Supporting primary care to improve their delivery of physical health checks and facilitating bridging to evidence based interventions for people on the SMI registers

The approach will remove unhelpful thresholds and barriers through the deployment of a trusted assessor model.

Care can be stepped up and stepped down flexibly without the need for time-consuming referrals and multiple assessments processes.

MHICS operates under Berkshire Healthcare NHS Foundation Trust's (BHFT) CQC registration.

Summary of the Legal Basis for Processing and Sharing

Unless a patient has objected to processing or joint processing and sharing and the sharing organisation has accepted the patient's objection(s) the legal basis for sharing and viewing the shared records includes provisions of Section 251B of the Health and Social Care Act 2012 (as amended by the Health and Social Care (Safety and Quality) Act 2015):

2. The sharing organisation must ensure that the information is disclosed to:
    (a) persons working for the sharing organisation

(b) any other relevant health or adult social care commissioner or provider, including relevant VCSEs, with whom the sharing organisation communicates about the individual; and

3. So far as the sharing organisation considers that the disclosure is:
   (a) likely to facilitate the provision to the individual of health services or adult social care in England, including relevant VCSEs
   (b) in the individual's best interests.

Unless a patient has objected to processing or joint processing and sharing and the sharing organisation has accepted the patient's objection the legal basis for viewing the shared records is also provided by General Data Protection Regulation:

1. Article 6(1)e
   "processing is necessary for the performance of a task carried out in the public interest or in the exercise of official authority vested in the controller"; and
2. Article 9(2)h
   "processing is necessary for the purposes of preventive or occupational medicine, for the assessment of the working capacity of the employee, medical diagnosis, the provision of health or social care or treatment or the management of health or social care systems and services, on the basis of Union or Member state laws.".
3. The 'official authority' and the 'member state laws' establish the legal bases that organisations rely upon for the need to share and jointly process data to deliver care.

Where access to confidential data is legitimate, the common law duties of confidentiality are satisfied because consent to view a patient's record is implied where the patient concerned agrees to be referred to a service or where the patient concerned refers themselves or presents to a service.

In general patients are made aware of data sharing either via 'fair processing notices', specific discussion with care staff or in most cases by both methods.

For MHICS, the individual patients and clients concerned are provided with a MHICS-specific information leaflet which includes key processing and privacy notice content.

Summary of the Processing and Sharing Requirement Process

The processing and sharing requirement is described in terms of:

1. The roles involved;
2. The processing and sharing process;
3. The processing and sharing privacy arrangements;
4. The scope of the organisations involved in the processing and sharing arrangements; and
5. The scope of the data processed and shared.

The Roles Involved

The roles involved in the joint processing and sharing arrangements and their employing organisations are as follows:

1. Practices (as data controllers) – practice staff as appropriate in each case processing information within their respective clinical systems;
2. BHFT (as lead data controller for all information recorded in RiO)[1]:
   a. Clinical Lead
   b. Mental Health Practitioner (MHP)
   c. Consultant Psychiatrist
   d. Mental Health Pharmacist
   e. Associate Psychologist
   f. Administrator; and

[1] BHFT roles will process information in the BHFT clinical electronic record system, RiO, and via digital communications systems defined within; Table 1. Data and system accesses

3. Community Connectors – provided by Voluntary Care and Social Enterprise providers[2].

The Information Processing and Sharing Process

The joint processing and sharing arrangements for MHICS are as follows:

1. Raising the referral [Practices]:
    a. Practices identify potential need for MHICS service support
    b. Practices may review patient MHICS or mental health history via the Connected Care system
2. The GP or other Practice staff member completes the referral template on DXS within the GP clinical system and attaches this to an electronic referral and communicates this via Electronic Referral Service (ERS).
3. The referral form is received into The Gateway, BHFT's Single Point of Access (SPA), via ERS as a secure email.
4. Referral is received electronically into the Gateway admin mailbox. The Gateway forward the email to the MHICS admin mailbox.
5. The MHICS Admin add the referral to RiO and email the clinical lead to inform them there is a new referral for triage.
6. The MHICS Practitioners triage and review the referrals.
   For referrals to MHICS:
    a. The MHICS Administrator receives the referral and reviews it to ensure that all information required to add the referral to RiO is complete. Referrals with incomplete information will be managed by the administrator sourcing the information from their GP or via accessible systems.
    b. Complete referrals will be processed by the MHICS Administrator into the team via RiO for assessment utilising internal RiO clinical system processes.
7. Referrals from Additional Role Reimbursement Scheme (ARRS) practitioners – The ARRS practitioner will send referral to the relevant local MHICS Admin inbox to be processed in the same way as point 5 and 6 above
8. Referral allocation, review & assessment.
    a. As referrals are received via email they will be manually entered into RiO and then be transferred to the correct team and allocation to a HCP diary appointment slot for initial assessment.
    b. Referral allocation for assessment will occur within the service by the administrator identifying a suitable caseload, subsequently the Clinical Lead will determine and allocate to a Mental Health Professional (MHP) in the process.
    c. The MHP will conduct the initial assessment and document assessment via the MHICS assessment form and outcome the appointment with relevant activity (SNOMED coded) within the RiO clinical system. During this activity the MHP may also consult additional digitally held information within Connected Care and use this in conjunction with RiO and assessment data to review pertinent patient information relating to presentation of risk and complexity.
    d. Based on the outcome of the assessment, interventions or discharge planning activities will be identified and documented.
    e. MHICS Caseload will be managed via intrinsic caseload management tools within the RiO clinical system.
9. Intervention planning and activity:
    a. Interventions identified from the initial assessment will be managed via internal processes identified within the service SoP.
    b. For MHP and Community Connector based interventions follow up appointments will be booked, interventions delivered, and care reviewed until discharge is indicated. Once discharge is identified a discharge appointment will be booked and Transfer of Care (ToC) information will be communicated to the GP (see (8) below).
    c. If a Mental Health Pharmacist consultation is required, this will be identified during the initial assessment, or at another point within the care episode. Internal identification of need will be discussed within Multi Disciplinary Team (MDT) meetings and following this, appointments will be booked in the relevant HCP diary for the

[2] Community Connectors may perform a data processing task where appropriate (where it will be supported by a compliant and binding data processing contract between BHFT and the data processor concerned) but it is also the case that the organisations providing the Community Connector roles may be acting as joint data processors. Where this is the case, the organisation providing the Community Connector roles will need to be a member of the Regional Health and Social Care Information Sharing Agreement and will also need to be a signatory to the joint processing and sharing specification KA000033.

relevant MHICS Health Care Professionals (HCP) identified to provide the activity. Following the activity occurring the HCP will then record completion of the appointment and the outcome to support clinical recording requirements, communication and reporting activity via the standard mechanisms within RiO.

d. Where support from a Community Connector is identified, the steps within section 6 will apply.

10. Community Connector communication and activity.
    a. The Mental Health Practitioner will review via MDT the suitability for Community Connector involvement and if appropriate will communicate the required detail to the service partner.
    b. Community Connectors will be required to report into the MHICS service the activity completed and the outcome of the requested intervention on completion. The detail of this will be incorporated into discharge planning and ToC information.
    c. Community Connectors will also be required to inform the MHICS service leads of any unexpected changes to planned intervention, risk incidents or issues or changes to planned levels of engagement.
11. Consultation outcome:
    a. The outcome of the MHICS episode of care, regardless of duration, will be communicated back to the Practices via agreed ToC processes.
    b. Initially, information will be communicated via discharge summary communicated vis DOCMAN to the patients Practice system.
    c. Information from MHICS assessment, appointment outcomes and activity will be communicated into the Connected Care system once technically enabled.
12. General:
    a. All patient interactions that are not scheduled appointments or brief clinical interventions, for example phone calls to book, reschedule or cancel appointments, are recorded within RiO in progress notes and or via the relevant system actions such as rescheduling of the booked appointment.
    b. Once any entry is submitted in the RiO system, it is date and time stamped automatically providing a full audit trail of clinical activity information processing. All subsequent edits, additions, or deletions (marked as entered in error in the system rather than completely deleted) are all fully auditable. Records can be amended for data quality reasons where the user has the appropriate access rights (RiO System Administrators and MHICS Administrators only).
13. The systems used to process, and store, records related to the MHICS are:
    a. Registered practices' GP clinical systems
    b. Electronic Referral System
    c. RiO - Electronic Records System
    d. Connected Care - Local shared care record system
    e. Silvercloud
    f. IAPTus
    g. EPMA
    h. One Consultation
    i. Sharepoint
    j. Envoy Post
    k. EPRO
    l. PEQ
    m. Tableau
    n. DOCMAN CONNECT – Electronic document communication system

Processing and Sharing Privacy Arrangements

The joint processing and sharing privacy arrangements for MHICS are as follows:

1. All emails are sent using secure, encrypted email services.
2. Access to the GP clinical systems information will be via access to Connected Care
3. All individuals have been subject to appropriate vetting.
4. All data controller organisations comply with the Regional ISA qualifying standard and are signed-up members of that agreement

5. All data processor organisations are engaged using agreements that satisfy GDPR article 28(3).
6. Each organisation ensures that the staff nominated to access systems have a duty of confidence and have received appropriate training around the systems and the data protection considerations.
7. All Records in BHFT's systems are managed in accordance with BHFT's record keeping and retention policies.
8. BHFT will provide discharge summary reporting, via DOCMAN CONNECT to GPs, this will be superseded through the enablement of additional data into Connected Care for practices to access patient level MHICS activity and clinical outcomes.
9. BHFT staff do not write directly into the GP clinical system record.

In general patients are made aware of data sharing either via 'fair processing notices', specific discussion with care staff or in most cases by both methods. For MHICS, the individual patients and clients concerned are provided with a MHICS-specific privacy notice.

The Scope of the Data Controller Organisations Involved in the Processing

The data controller organisations include all organisations that have signed a copy of the joint processing and sharing specification (PC200011 – MHICS for Frimley ICS (East Berkshire)).

The data controller organisations are all organisations that have signed this schedule to the Regional Health and Social Care Information Sharing Agreement.

The Scope of the Data Processed and Shared

The scope of the shared and jointly processed data includes:

1. Referrals to MHICS
2. Assessment Forms
3. The service diary/calendar
4. GP patient records.

Referrals to MHICS

Referrals created and shared by practices and viewed and processed by mental health service providers include:

1. Patients' Personal Details
2. Patients' Contact Details
3. GP / Referrer Details
4. Clinical Details
    a. Reason for the referral
    b. Presenting problem/help advice required
    c. Any known diagnosis
    d. Any cognitive deficits/learning difficulties/communication issues
    e. Medical/physical health history
    f. Current medication/known allergies
    g. Risk factors (current/historical)
    h. Any safeguarding issues relating to vulnerable children/adult or children known to social services
5. Other Details
    a. Interpreter requirement
    b. Language spoken
    c. Whether the patient has a carer
    d. Whether the patient is ex-armed forces

Assessment Forms

Information collected during assessment will include:

1. Patient Personal Details
2. Assessor Details
3. Which mental health services have been involved previously and how well did patient engage
4. Safeguarding concerns
5. Whether other statutory/voluntary services are involved currently
6. Co-morbidities / relevant medical history (eg diabetes or epilepsy)
7. Substance abuse (current status)

8. Current problem and patients' expectations of support and goals
9. Self-care / independent living (any concerns eg housing, dietary, hygiene, finance etc)
10. Current medication
11. Family & relationships, including Carer status and requirements
12. Employment status
13. Leisure activities
14. Risk summary / risk factors (current and historical)
15. Intervention(s) required with expected outcomes; action plan and advice
16. Date and time of assessment

Progress notes

Notes are created for all consultations and may include:

1. Patient name
2. NHS Number
3. Name of Clinician
4. Introduction to the session including goals
5. Evaluation of planned interventions so far
6. Any concerns
7. Plans for next steps
8. Date and time of consultation

Roles, Data and Systems

The table below illustrates the data and system types accessed by each MHICS role.

Table 1. Data and system accesses

	MHICS Administrator	Clinical lead	MHP	Psychiatrist	Pharmacist	Assistant Psychologist	Peer Support Worker	Community Connectors
RiO	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Envoy Post	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
DOCMAN CONNECT	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
Silvercloud	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Tableau	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
PEQ (Patient Experience Questionnaire)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
IAPTus (Improving Access to Psychological Therapies)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
Connected Care	Yes (Limited Access)	Yes (Full Access)	Yes (Full Access)	Yes (Full Access)	Yes (Full Access)	Yes (Full Access)	Yes (Full Access)	No
One consultation	No	Yes	Yes	Yes	Yes	Yes	Yes	No
EPMA (Electronic Prescribing and Medication Administration)	No	No	No	Yes	Yes	No	No	No
EPRO	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No

Summary of Consultations

Surrey Heartlands has been field testing the MHICS model since March 2019. Prior to this a number of stakeholder workshops and clinical engagement events were facilitated, supported by the National Association of Primary Care.

Since receiving the NHSE funding in the autumn of 2019, a range of events and meetings have been held, with further events planned for East Berkshire stakeholders for waves 3 and 4 PCNs, including individuals, groups and representatives from organisations across both Frimley and Surrey Heartlands ICS' to socialise the Community Mental Health Transformation model and seek feedback on the MHICS model. Participants have included people who use services, representatives from service user and carer groups; VCSE organisations; County, District and Borough authorities including representation from adult social care, housing, DWP, Public Health and Learning Disability; Housing Associations; Community Policing; and clinical and non-clinical workforce from PCNs. A separate event was held with youth focused stakeholders in programme design for 18-25-year olds.

Clinical Engagement Workshops have been held in some of the participating Wave 1 and 2 PCNs, with further events planned for East Berkshire waves 3 and 4 PCNs, for Clinical and non-clinical staff from primary care in order to socialise and mobilise the service. PCN clinical meetings include representatives from place based mental health services (CMHT; Recovery College; as well as Integrated Care Team representatives, Social Care and Housing representatives, IAPT and VCSE partners).

Communications are routinely circulated through the Frimley CMHTP Delivery Group and through the ICS Mental Health Transformation Board where there is representation from a wide range of mental health stakeholders including citizen ambassadors and other patient led organisations.

Summary of the Initial Data Protection Impact Assessment

A new Data Protection Impact Assessment has been conducted (http://www.regisa.uk/documents/DPIA2017current.pdf).

The DPIA is also based on the pre-existing Assessment (DPIA) for the above processing and sharing arrangements DPIA0035 (http://www.regisa.uk/documents/DPIA0035v1Publish.pdf).

The project has been carefully designed to place the interests of patients uppermost.

The Data Protection Impact Assessment has been reviewed and approved by the Regional IG Steering Group.

In the opinion of the Regional IG Steering Group all risks are satisfactorily mitigated.

Agreement Implementation Status

On behalf of the Sharing Organisation I confirm that the information sharing arrangements described in this schedule are agreed and the information described in this schedule is to be made available to the User Organisations and individuals identified in this schedule starting on the Sharing Requirement Start Date and ending on the Sharing Requirement End Date.

Agreed by **{{!guardian_es_:font(name=calibri,size=10)** **}}**
as Caldicott Guardian / Designated Officer / Data Protection Officer, for and
on behalf of {{!org_es_:font(name=calibri,size=10) }}
{{!addr_es_:font(name=calibri,size=10) }}.

End of Schedule K

Reference:
{{!ForSigningSharingID_es_:font(name=calibri,size=10) }}
{{!ForSigningSharingName_es_:font(name=calibri,size=10) }}
{{!orgID_es_:font(name=calibri,size=10) }}
{{!org_es_:font(name=calibri,size=10) }}
{{!addr_es_:font(name=calibri,size=10) }}